

**Town of Cabot, VT**  
Board of Listers

PO Box 36  
Cabot, VT 05647

**\*\*\* GRIEVANCE DEADLINE JUNE 24 \*\*\***

(802) 563-3139  
Listers@cabotvt.us

**APPLICATION FOR PROPERTY VALUATION GRIEVANCE**

I wish to grieve	<input type="checkbox"/> with this form	<input type="checkbox"/> in person	<input type="checkbox"/> by email
------------------	---	------------------------------------	-----------------------------------

This form may be used to assist in preparing a grievance. **In-person appeals will be heard by scheduled appointment June 24, 2026, unless other arrangements are agreed upon. To be valid, grievance must be received in writing (32 VSA § 4111) no later than June 24, 2026, 3:00 pm**, by mail, email, in town drop box at rear of Willey Building, or in person. For any questions, please call 802-563-3139 or email Listers@CabotVT.US. Grievances initiated after June 24 will not be considered by Listers for the 2026 tax year.

*Please Note: Applicant must be owner of record on April 1<sup>st</sup> but may assign new owner or other agent as representative below.*

**Applicant Information**

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First*

Mailing Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: **(Required)** \_\_\_\_\_ Email: **(required)** \_\_\_\_\_

E-911 address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Current Assessment: \$ \_\_\_\_\_ Your Opinion of Fair Market Value: \$ \_\_\_\_\_  
*(What would you list the property for if placing on the market today)*

**Basis for Appeal**

*Please provide a brief statement explaining why you feel your assessment is incorrect. If you are relying on sales data, please list the sales which support your proposed value for the property. If you need additional space and/or are submitting supporting documents, please attach those sheets to this form.*

---

---

---

**Signature**

\_\_\_\_\_  
*Signature of Owner (required)* Date: \_\_\_\_\_

\_\_\_\_\_  
*Owner's Representative (if applicable)*

\_\_\_\_\_  
*Representative Contact Information:- email address and telephone number*

